

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

57340

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001837**

GENERATOR

(Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

SFUND RECORDS CTR

999000868

② Name ALUMINUM CO OF AMERICA Name OPERATING END
EPA NO. CA0074126681 EPA NO. CA00010012024
Address 5151 ALBUCA BL Phone No. 5551141 Address 900 POTERO GRANDE
City, State, Zip VERNON 90058 City, State, Zip RENTON 98055

Name RETURN
EPA NO.
Address
City, State, Zip

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY 47 ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS

	LIST COMPONENTS:		CONC.		UNITS	CONC.		UNITS
	UPPER	LOWER	UPPER	LOWER				
⑨ A.			<input type="checkbox"/> % <input type="checkbox"/> ppm.				<input type="checkbox"/> % <input type="checkbox"/> ppm.	
B.			<input type="checkbox"/> % <input type="checkbox"/> ppm.				<input type="checkbox"/> % <input type="checkbox"/> ppm.	
C.			<input type="checkbox"/> % <input type="checkbox"/> ppm.				<input type="checkbox"/> % <input type="checkbox"/> ppm.	
D.			<input type="checkbox"/> % <input type="checkbox"/> ppm.				<input type="checkbox"/> % <input type="checkbox"/> ppm.	

Non Hazardous Material 100 %

⑩ WASTE PROPERTIES: pH 7 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other ALUMINUM OXIDES & WATER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ K. Bump Signature of Authorized Agent and Title 2-13-81 Date Shipped

TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME ASBURY OIL CO.
EPA NO. CA0028277036
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392
CITY, STATE, ZIP Gardena, California 90249

⑮ PICK-UP DATE 2/13/81
TIME 4:20 ☒ AM ☐ PM
2/13/81 Date

⑯ F. E. Cooper Signature of Authorized Agent and Title

TSD FACILITY

(FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME OPERATING TCO. Inc. QUANTITY (If Measured)
EPA NO. CA0080512024 ⑱ STATE FEE (If Any)
PHONE NO.

⑳ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Reuse ☐ Storage/Transfer

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉒ NAME
EPA NO.

㉓ Signature of Authorized Agent and Title

PS 2-13-81 Date Accepted

ORIGINAL